

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/500543	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS		
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.	
1		1					*
2		1					*
3		2		1			*
4		2		1			
5		2		1			
6		1		1			
7				1			
8			1				
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10				1			
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47							
48							
49							
50							
TOTAL IND.		2					
TOTAL DEP.		9					
TOTAL CLAIMS		11					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				